Provider Updates

From Virtual Office Hours
August 14th, 2025



Discussion Topics

- Eligibility Update
- Claims Processing & Payment
- Remittance Advice
- VendorWeb
- Prior Authorization Update
- Portal and Customer Service Update
- Remittances
- Claims Outreach and Submission
- Interim Payment Advances
- Recoupments
- Claims Outreach
- Portal PA Submission
- ORM & Job aid
- Reminders
- Contact Information
- Q & A

massdhp.org | 8/14//25



Eligibility Update Delayed

- Due to unsuccessful testing, eligibility data has not yet been fixed as planned over the weekend
- BeneCare and MassHealth agreed to wait until testing is successful to avoid further issues
- Next Steps: Fix work is underway, and testing is in progress. If testing is successful, eligibility data will be fixed over the following weekend, 8/23-8/24.

Our commitment to you:

We know these ongoing claims processing issues have been frustrating and disruptive. Many of these issues depend on the completion of this eligibility fix currently in progress. Once this fix is in place, we expect claims to process correctly moving forward. We will then begin a remediation process to correct previously denied claims due to eligibility discrepancies, system coding issues, or gaps in treatment history.

BeneCare and MassHealth teams remain fully engaged to resolve these system issues as quickly as possible. Our priority is to give you the information and support you need — now and in the future.





Proof of Eligibility Reminder

- The eligibility fix and following system-wide reprocessing is expected to remediate most incorrect denials.
 - Please do not submit reconsideration or resubmit claims due to incorrect eligibility at this time.
- After system-wide reprocessing, we will assist with any specific claim denials that still need to be corrected.
- Remember to check eligibility on the actual DOS and retain proof of eligibility
 - The member Eligibility Report or Treatment History Report can be saved as proof that eligibility was verified on the date the report was run (i.e. replacing previously required screenshots)

MassHealth Dental program policy is to honor eligibility status as it appears at the time of verification on the date of service.

If a claim is denied due to eligibility, you can submit a reconsideration request with proof of eligibility and we will honor the eligibility status as it appeared when eligibility was verified on the date of service.





Option to Pause Recoupment

 MassHealth is offering the option to temporarily pause the recoupment of interim payment advances for up to eight weeks (**You must OPT IN**)

Pause period:

August 25, 2025 (Run 100848) - October 13, 2025 (Run 100855)

What it means:

- Submit a pause request → no interim payment advance recoupments during this pause period
- No action → recoupments continue to apply to your claims payments until the outstanding advance amount has been fully recouped

How to request:

Complete online form by 12:00 PM (noon), Friday, August 15

Requests received after this deadline will be applied to the next claims payment cycle



forms.office.com/g/2S4m1EezG9





Clearinghouse Issues

- DentalXChange (DXC): We recently discovered a delivery issue for ~26,000 claims and PA requests submitted via DXC with electronic attachments
 - We received the electronic claim files and anticipate auto-adjudicated claims to be included in the 8/25 claims payment (Run 100848)
- Vyne: We are also researching possible Vyne submission issues
 - Potentially impacted providers were contacted by direct email last week



ORM Updates

- Effective August 14, 2025, an updated Office Reference Manual (ORM) is available at: massdhp.com/ORM
- Key Updates:
 - Section 6.00 Documentation Requirements & Exhibit A
 - Suspension of prepayment claim review for crowns & core buildups until 10/1/25
 - Exception: Multiple crowns for members 21+ on the same DOS still require review
 - Section 17.00 Orthodontic Treatment & Exhibit A
 - Simplified PA submission guidelines for orthodontic requests
 - Simplified claim submission guidelines for periodic orthodontic visits
 - Exhibit A Benefit Grid updated
- For a complete summary of the ORM updates, please visit massdhp.org/dental-providers/provider-news-and-updates

Update Summary

ORM
8.14.25

8.14.25 ORM

Orthodontic Job Aid

 New reference tool to provide an overview of the PA and claim requirements for orthodontic treatment



PROVIDER JOB AID – ORTHODONTICS

Orthodontic Treatment: Prior Auth & Claim Requirements

Comprehensive Orthodontic Treatment (D8080 / D8070 / D8090)

Age Requirement: Comprehensive orthodontic treatment must start before the 21st birthday with initial placement and insertion of fixed or removable orthodontic appliances

Documentation Required for Prior Authorization (PA) Request Submission:

- · Panoramic Radiograph (PAN)
- Cephalometric Radiograph* (Ceph)
- Photos* (Intraoral, including lateral and occlusal views, and extraoral)
- HLD Index Form
- If applicable, Medical Necessity Narrative and Supporting Documentation

* - Either the Ceph or photos must include a measurement device such as a calibration ruler, wire of known length, embedded measurement device, Boley gauge, disposable ruler, or periodontal probe. If not clearly marked, please include a brief explanation to aid in establishing a scale.

Codes to include in PA Request Submission

- D8080/D8070/D8090 (no date of service)
- D8660 (date of service required)

D8660 *Pre-Orthodontic records charge* is only paid if a comprehensive orthodontic PA request has been denied.

- D8660 is only payable with an associated D8080/D8070/D8090 PA request denial, with a frequency limitation of one per 6 months per provider or location.
- D8660 is not separately billable without a comprehensive or limited orthodontic PA request denial. If a pre-orthodontic visit does not result in a PA request submission (for example, because orthodontic treatment is not vet indicated due to the member's growth and development).



To find this resource and more, please visit: massdhp.org/dental-providers/dental-provider-toolkit/



VendorWeb Currently Down



August 11: Payment Files Currently Unavailable

Due to a processing error, payment files after July 30 are temporarily unavailable. We are working on the issue and hope to have it resolved soon. Please note that the payments themselves are proceeding as usual. If you are a vendor needing assistance with payment information, please reach out to the <u>agency with whom you do business</u>.

- Payments are processing as usual but the payment files after July 30 are temporarily available.
- For payment information, please contact 844-MH-DENTL (844) 643-3685

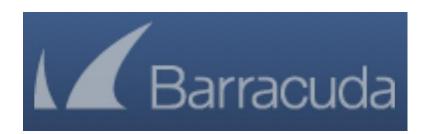
Note: VendorWeb is the State's portal for providers to view scheduled payments and payment history





Don't Miss Our Secure Emails

 We use a HIPAA-compliant secure email platform called Barracuda



To avoid missing important messages, please:

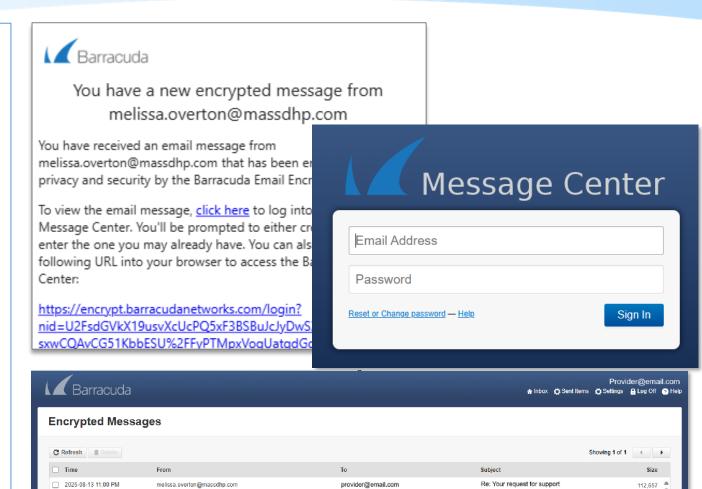
- ✓ check your Spam or Junk folders and
- ✓ add Barracuda (@barracuda.com) to your safe senders list





Barracuda Email Overview

- Look for notifications from noreply@barracuda.com in your inbox.
- 2. Check your Spam/Junk folders if you don't see the email in your inbox.
- Open the notification email to access your secure message.
- 4. Click the provided link to open the Barracuda Message Center.
- 5. Log in using your Barracuda password, or create a new password if it's your first time.
- Once logged in, view, reply to, or download your secure message.



Note: Barracuda secure messages expire in 30 days. Be sure to download and store a copy securely if needed.

Claims Processing and Payment

- This week's 8/11 and next week's 8/18 claims payment:
 - Includes a week of recently submitted claims.
 - No system-wide claims reprocessing for all providers
 - Recoupments continue to apply

Please do not resubmit incorrectly processed claims until the system issues are fixed, as they will continue to pay incorrectly.

No resubmissions are needed at this time. We will notify you if needed in the future.



Known Claims Processing Issues

- As a result of the eligibility challenges, we still cannot process HSN and COB / TPL claims.
 - We expect this to be resolved with the eligibility fixes.
- Codes that are currently under investigation: D0140, D0190 (PHDH only),
 D1351, D9450 (rural and CHC only), D8670, D8999
 - For claim questions and inquiries, please reach out to <u>ProviderRequests@massdhp.com</u>
- After eligibility is fixed, we anticipate remediation to fix system-wide claim processing errors.
 - More info to be shared in coming weeks.

No resubmissions are needed at this time. We will notify you if needed in the future.

Claims Outreach

• If you are receiving low or no claims payment and we are not already working with you to make sure that your claims are received and processed, please reach out to us directly or fill out this form so that we can assist you.

Link below:

https://lp.constantcontactpages.com/sl/zX Q6xQW/LowNoClaimsPayment



Remittance Advice

- MassHealth remittance advice (remit) continues as a <u>temporary</u> workaround until BeneCare can provide the remits.
 - The remit for the 8/11 claims payment was mailed out last week
 - The remit for the 8/18 claims payment will be mailed out soon
- We are working to provide access to the electronic remits through the BeneCare provider portal.

Please check the portal or call 844-MH-DENTL (844-643-3685) for questions about the claims status or for additional procedure detail on the MassHealth remit.

Reminder on MassHealth remit limitations: No quadrant information; Claims with more than one DOS will incorrectly show all services with the same DOS (BeneCare has the correct information about the multiple DOS and has processed the claims as such). BeneCare has separate EOB reason codes from the EOB reason codes listed on the MassHealth remit.

MassHealth and BeneCare EOB code crosswalk: bit.ly/EOBcrosswalk.

Prior Authorization Update

- Service authorization decisions are available on the portal under "Claims Status" and continue to be mailed out.
- We are processing recently submitted PA requests with normal turnaround times and we have completed processing the backlog with the exception of:
 - Recently received PA requests due to DentalXChange and mail delivery delays
 - HSN

For PAs received on or after 6/23/2025, you can expect **normal turnaround times**:

- An average of no more than 5 business days, and
- No more than 21 calendar days for any individual request.

Submission Instructions

To expedite service authorization request processing:

- Do not include future dates of service when submitting any claims or service authorization requests.
- Submit claims (dated) and service authorization requests (undated) separately. When claims and service authorization requests are submitted together under one submission, this requires additional administrative steps and creates processing conflicts which may delay processing times.

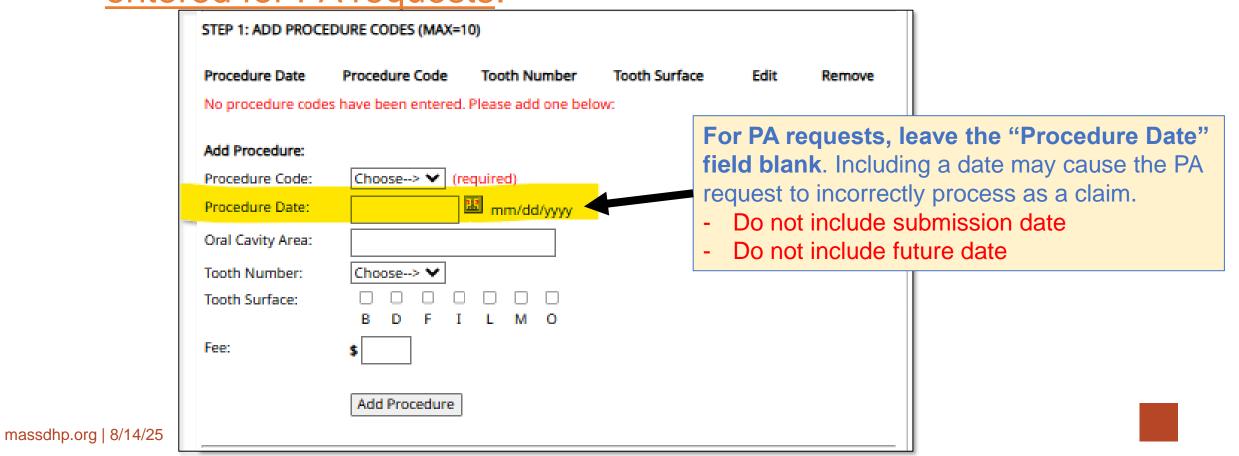
Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.

 Do not include dates of service for authorization requests on any procedure other than D8660 for orthodontic prior authorization requests.



Portal PA Submission

• When submitting <u>PA requests</u> in the portal, the "Procedure Date" field must be left blank. Please make sure that <u>no date is</u> entered for <u>PA requests</u>.



New Ortho PA Submission Guidance

- Do not include the periodic orthodontic treatment visit codes (8 units of D8670 and 5 units of D8999) when submitting prior authorization requests for comprehensive and limited orthodontic treatment.
- If the comprehensive or limited orthodontic treatment PA request is approved, the periodic orthodontic treatment visits will be automatically approved.



Ortho PA Approval Clarification

- If you have recently received an **approval for comprehensive or limited orthodontic treatment** but the periodic ortho treatment visit codes (D8670 or D8999) were denied, <u>the D8670 / D8999 denials are an error</u>.
- Once the approved comprehensive or limited orthodontic treatment has been billed, you can bill the periodic ortho treatment visits (up to 8 units D8670 every 90 days after banding or up to 5 units D8999 after appliance delivery).



Portal Update

Currently in testing, expected after eligibility fix

The next expected portal update: member eligibility search by name

Portal error preventing claims and/or PA requests from being submitted:

- Even though the member is eligible, an error message "Invalid Member ID or Date of Birth" displays on the portal Claim / PA Upload screen followed by the words "Please try again."
- This error is due to a misalignment between member eligibility and claims processing

If you cannot submit a claim or PA request in the portal due to this error, please:

- 1. FAX to: 833-627-7347, or
- 2. Submit to EDI, or
- 3. Mail to: MassHealth Dental Program Claims c/o BeneCare Dental Plans P.O. Box 631 Worcester, MA 01613
- 4. Please do NOT email claims or PA requests directly to BeneCare.

If you are unable to FAX, submit to EDI, or mail, <u>please request a secure email connection</u> by emailing <u>ProviderRequests@massdhp.com</u>



Portal Performance Issues

- The provider portal has been slow with intermittent performance issues.
- We understand how disruptive this can be and sincerely apologize for the portal issues.



We are working to improve the portal and will implement optimization updates after the eligibility fix. We expect these updates will noticeably improve system speed and reliability.



Portal Update cont.

- Eligibility accuracy and reliability remains a priority issue.
 - We have begun the process to fix eligibility issues and this fix is expected soon. We will let you know when this work has been completed.
- The portal now shows the Paid status for claims.
 - Please note that there is about a 1-week lag in the portal status being updated to "Paid" after the claims payment has been issued.
- Quadrant detail may not display properly and is currently under investigation.



Customer Service Update

- We are continuing to work to improve our call wait times.
- BeneCare call wait times remain high but are expected to improve with staffing updates this week.
 - We expect call wait times to improve with the eligibility fix going live soon, and as the additional team members complete their onboarding and training.
 - Please note that there are typically longer wait times in the morning.
- Providers can also continue to call MassHealth's customer service line at 800-841-2900 for member eligibility information.
 - Note: MassHealth customer service can only answer questions about member eligibility, not claims, prior authorization requests, or other items. Please continue to call BeneCare's customer service center for this information.



Interim Payment Advance Reminder

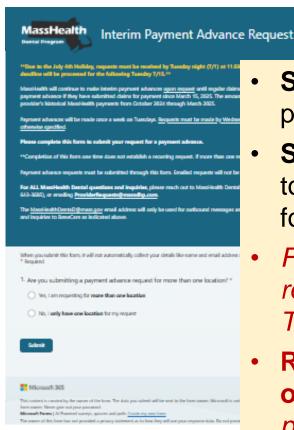
- MassHealth continues to make payment advances upon request until regular claims payments resume.
 - MassHealth considers requests based on the current information that we have regarding your office total payments since the transition (including both claims payments and previous interim payment advances), your historical claims payment volume, next claims payment, and whether you received an advance in the previous week.
 - As claims payment issues resolve for providers and payments are close to or more than historical claims payment volumes, fewer requests are being approved. However, specific providers who continue to have low to no claims payments remain eligible.
 - If your cash flow continues to be significantly impacted by claims processing issues, you have the option to request an interim payment advance using the <u>online form</u>.

Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.



Interim Payment Advance Request





- Submit the form each week that a payment advance is needed
- Submit by Wednesday night at 11:59PM to receive the payment advance the following Tuesday (4 business days later)
- Forms received after the deadline will receive the advance the second following Tuesday (9 business days later)
- Requests must be received through the online form. Email requests will not be processed.

https://forms.office.com/g/mya0tHDdbp



Interim Payment Recoupments

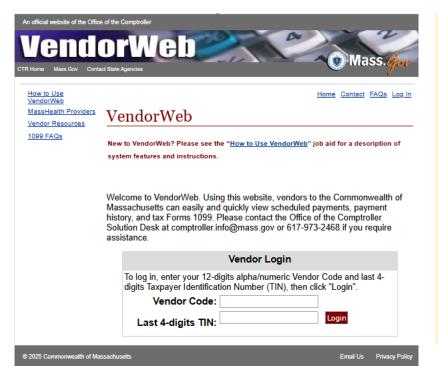
- Recoupments began again for 6/30 claims payments, was paused for the 7/7 claims payment, and begin again with the 7/14 claims payment. No recoupments applied to the 7/7 claims payment.
- On 7/14 and moving forward, MassHealth will recoup 33% of claims
 payment for each outstanding advance that a provider has received until
 the full advance amount has been recouped.
- Please note that previous recoupments in May were 100% of claims payment. MassHealth has reduced the recoupment percentage from 100% to 33% for each outstanding advance payment.
- For more details about the recoupment process, please review the Recoupment Job Aid available at: <u>bit.ly/Recoupment</u>



VendorWeb (as of 8/14, payments after 7/30 are temporarily unavailable on the site)

Providers can view scheduled payments and payment history

massfinance.state.ma.us/VendorWeb/

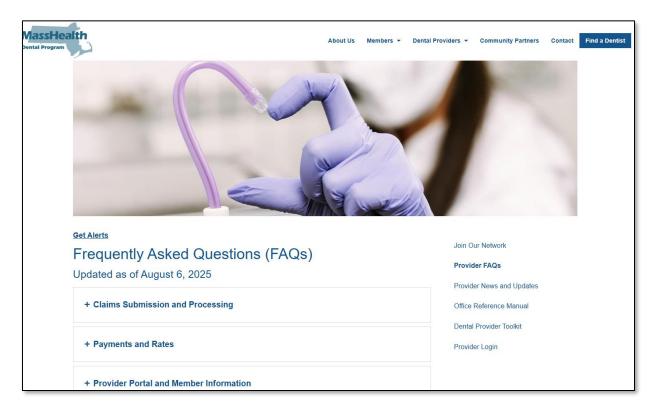


- To log onto VendorWeb, you will need your Vendor Code and the last 4 digits of your Tax ID.
- If you need to get your Vendor Code, please call 844-MH-DENTL (844-643-3685).
- If you know your MassHealth Provider ID/Service Location (PIDSL or Payee ID), you can call 800-841-2900 to get your Vendor Code.

*Your "Payee ID" or "PAYEE NUMBER" can be found at the top of your remits. It is 9 numbers and a letter: ex. 123456789 A

Provider FAQs

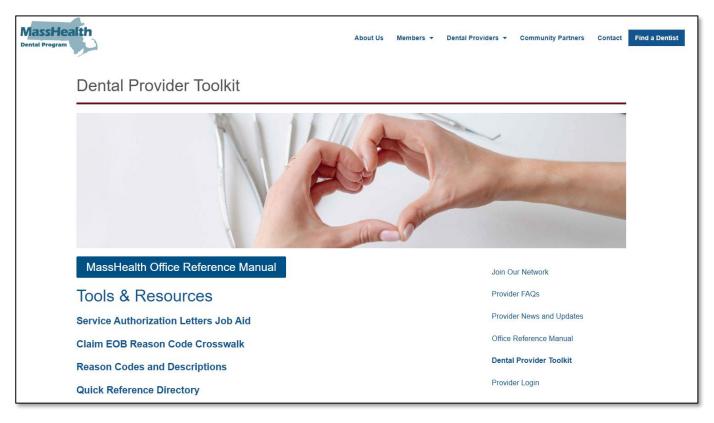
Frequently asked questions and answers can be found on the MassHealth Dental program website: massdhp.org/DentistFAQ



Dental Provider Toolkit

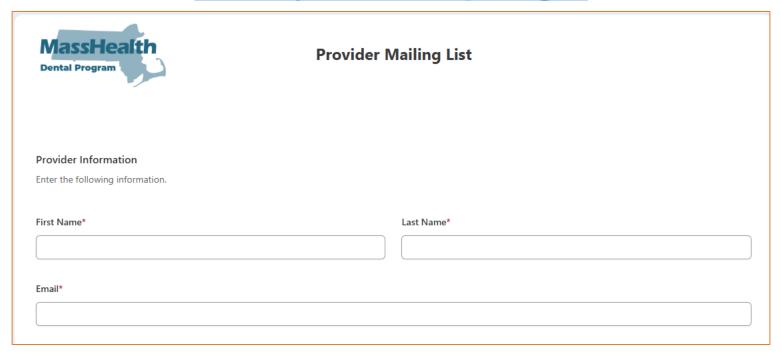
Tools and Resources can be found on the MassHealth Dental program website: massdhp.org/dental-providers/dental-provider-

toolkit



Provider Email List Sign-up Link

survey.massdhp.org/1



Sign up for the email list to receive the latest updates. You can add as many emails as you would like.

Contact Information

- For MassHealth Dental questions and inquiries, please reach out to MassHealth Dental Customer Service by visiting massdhp.org, calling 844-MH-DENTL (844) 643-3685, or emailing:
 - For General Inquiries, <u>CustomerService@massdhp.com</u>
 - For Claims, Claims Payments, Copies of Remits, Benefits, Eligibility, <u>ProviderRequests@massdhp.com</u>
 - For Contracting, Credentialing, Training,
 Education, <u>ProviderRelations@massdhp.com</u>



UPDATED

Provider Relations Team: Contact Information

Brianna Jones

E: <u>brianna.jones@massdhp.com</u>

P: 774.351.2718

Lower Berkshire County, Essex County, Hampden County, Hampshire County, and Worcester County

Towns in lower Berkshire County: Alford, Becket, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlbourough, Otis, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, and West Stockbridge

Nataly Santos

E: nataly.santos@massdhp.com

P: 508.972.0028

Upper Berkshire County, Franklin County, Middlesex County, and Norfolk County

<u>Towns in upper Berkshire County</u>: Adams, Cheshire, Clarksburg, Dalton, Florida, Hancock, Hinsdale, Lanesbourough, New Ashford, North Adams, Peru, Pittsfield, Savoy, Williamstown, and Windsor

Melissa Overton

E: melissa.overton@massdhp.com

P: 774.425.7694

Barnstable County, Bristol County, Dukes County, Nantucket County, Plymouth County, and Suffolk County

General Inquiries:

CustomerService@massdhp.com

Claims, Claims Payments, Copies of Remits, Benefits, Eligibility:

ProviderRequests@massdhp.com

Contracting, Credentialing, Training, Education:

ProviderRelations@massdhp.com

Q&A

THANK YOU!

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